PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 CLAIMS AS FILED - PART I

Application or Docket Number 09736858

		CLAIMS A	S FILED	- PART	1			SMALLE	NTITY		OTHE	RTHAN		
			(Columi	1)	(Cole	ımn 2)		TYPE [OR		ENTITY		
TOTAL CLAIMS			3 <i>7</i>					RATE	FEE	7	RATE	FEE	1	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	1	
TC	TAL CHARGE	ABLE CLAIMS	37 minus 20=		. 17			X\$ 9=		OR	Yes	306		
INI	EPENDENT C	LAIMS	2 minus 3 =					X40=		1	Yes	300	ł	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					A4U=	 	OR	X80=		l	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	+270=	!		
. 11	1301		·				TOTAL		OR	TOTAL	1016			
	Marie C	LAIMS AS A	MENDE) - PAR	TII					_	OTHER			
_		(Column 1)	·	(Colur HIGH		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A	•	REMAINING AFTER AMENDMENT	٠, ،	NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.57	Minus .	37	7	= 20		X\$ 9=		OR	X\$18=	3600	2 Y	
	Independent	. 3	Minus	***	3	=	lt	X40=		OR	X80=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un				
	•								_	OR	+270=		<u> </u>	
	1						_	TOTAL DDIT, FEE	•	OR	TOTAL ADDIT, FEE	360	-	
	12-14-04	(Column 1)		(Colun	nn 2)	(Column 3)	· ·	DD11.1 CE 6						
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	CLAIMS	42.	HIGH	EST		Г		ADDI-	1		ADDI-		
	· ····································	REMAINING AFTER AMENDMENT	**************************************	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
												FEE		
	Total	• 37	Minus	•• (17	= ~		X\$ 9=		OR	X\$18≖			
	Independent	• 7	Minus	***	Y	= /	Ιſ	X40≃		OR	X80=			
_	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDENT	CLAIM		 	+135=					ĺ	
										OR	+270=			
				1			_	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		ĺ	
		(Column 1)		(Colum	no 2)	(Column 3)		DOI. FEE E		•	ADDII. FEEL			
		CLAIMS		HIGH	ESY	(00.0.1.1.0)	٦ ا		4001		-	+001	ĺ	
MENT C	•	AEMAINING AFTER	1	PREVIO	_	PRESENT EXTRA		RATE	addi- Tional		RATE	ADDI- TIONAL	l	
E		AMENDMENT		PAID F		- LAINA	ΙL		FEE			FEE	ĺ	
	Total	•	Minus	••		2		X\$ 9=		OR	X\$18=			
AMEND	Independent	•	Minus	410		*	丨卜	X40=			X80=			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A7V=		OR	V00-			
						•		+135=		OR	+270=			
		mn 1 is less than the mber Proviously Pa					. L	TOTAL		OB I	TOTAL			
	i the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE IS	less tha	n 3, enter "3,"	~	DOIT. FEE		•	ADDIT, FEE		l	
1	The 'Highest Nur	ber Previously Pai	d For (Total or	Independe	nt) is the	highest numbe	n loni	id in the app	ropriale box	in cot	umn 1.			